



E000560

NOTE.—DO NOT USE THIS ROUTE SLIP TO
SHOW FORMAL CLEARANCES OR APPROVALS

DATE 7/12/74

TO:

AGENCY BLDG. ROOM

~~DR. GARDEN~~

~~MR. GARDELL~~

File

For your information, copy of the
~~arthritis program review listing~~
mailed to Mr. Shobe today.

- ☐ APPROVAL ☐ REVIEW ☐ PER CONVERSATION
☐ SIGNATURE ☐ NOTE AND SEE ME ☐ AS REQUESTED
☐ COMMENT ☐ NOTE AND RETURN ☐ NECESSARY ACTION
☐ FOR YOUR INFORMATION
☐ PREPARE REPLY FOR SIGNATURE OF _____

REMARKS:

ALSO, for your information if you
have occasion to use the Region-by-
Region summary I worked up, the
BI-STATE entry on page 2 should be
crossed out -- this program was
disapproved. There are other typos
which do not seriously violate the
general entries. (Fold here for return)

To

From Matt.

PHONE

BUILDING

ROOM

FORM HEW-30 REV. 11/56

ROUTE SLIP

GPO : 1973 O - 517-326